

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022220
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 117

AMENDED

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY Randolph.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Randolph.					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly, Mo.		Length of stay in 1b 2 Wks		c. CITY OR TOWN R.F.D.#2. Moberly, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Community Hospital.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MARVIN McCReery				First Middle Last		4. DATE OF DEATH Month Day Year June 12, 1961			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-25-07		9. AGE (last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainance Work		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and state or country) Stoutsville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John McCreery.			13b. MOTHER'S MAIDEN NAME Kathryn Hoppke			14. NAME OF HUSBAND OR WIFE Mary Emma McCreery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #2.			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mary Emma McCreery Moberly, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure								INTERVAL BETWEEN ONSET AND DEATH 6hrs	
DUE TO (b) Fatty Embolism									
DUE TO (c) Fracture Distal end Fibula rt leg								3 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell out of tree					
20c. TIME OF INJURY Hour 1 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 5 21 61									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Moberly M.		COUNTY Randolph		STATE Mo.	
21. I attended the deceased from 5-21-61 to 6-12-61 and last saw ^{her} _{him} alive on 6-12-61 Death occurred at 11:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. J. [Signature]</i> (Degree or title)					22b. ADDRESS Moberly, Missouri.			22c. DATE SIGNED 6-13-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-14-61		23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		23d. LOCATION (City, town, or county) (State) Perry, Missouri.			
24. FUNERAL DIRECTOR <i>Clyde [Signature]</i> ADDRESS Perry, Mo.				25. DATE RECD. BY LOCAL REG. 6-14-61		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 17 1961

JUN 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Clyde C. Wiley*

Licensed Embalmer No. 3820.

P. O. Address Perry, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.